

DENTAL PLAN INFORMATION

Following is a brief description of the dental plans available through Benefit Options. For a complete listing of covered services for each plan, please refer to the plan description located on the website, www.benefitoptions.az.gov.

What plans are available for me to choose from?

Employees may choose between two plan types. They are the Prepaid and the Preferred Provider Organization (PPO) plans.

Prepaid Plans

- You must see a Participating Dental Provider (PDP) to provide and coordinate all of your dental care.
- No annual deductible or maximums.
- No claim forms.
- No waiting periods.
- Pre-existing conditions are covered.
- Set co-payments for services provided by your general dentist and specialist.

Total Dental Administrators Health Plan, Inc. (TDAHP)

Each family member may choose a different general dentist. You can change your dentist by contacting TDAHP by telephone or using the "change my dentist" function on the website www.totaldentaladmin.com.

Fixed prosthodontic procedures (crowns and bridges) and removable prosthodontic procedures (full and partial dentures) have set lab fees.

Members may self-refer to Dental Specialists within the network. Specialty care (root canals, periodontics, oral surgery, and orthodontics) is provided at the copayment listed in the Plan Booklet. Specialty services not listed are provided at a discounted rate. This discount also includes pedodontic and TMJ care.

Indemnity/PPO Plans

- You may see ANY licensed dentist anywhere in the world.
- Deductible and/or out-of-pocket payments apply.
- You have a maximum benefit of \$2,000 per person per plan year for dental services.
- There is a maximum lifetime benefit of \$1,500 per person for orthodontia.
- You may need to submit a claim form for eligible expenses to be paid.
- Benefits may be based on reasonable and customary charges.

Delta Dental

Over 80 percent of Arizona's licensed dentists participate in the Delta Dental Plan and agree to accept Delta's allowable fee as payment in full after any deductibles and/or co-payments are met. Amounts billed by network providers in excess of the allowable fee will not be billed to the patient. If you choose to see a non-participating dentist, Delta will still provide benefits, although typically at reduced levels.